

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
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Date: August 28, 2007

To: Health Care Providers

Infection Control Practitioners

Local Boards of Health

From: Massachusetts Department of Public Health,

Division of Epidemiology and Immunization

RE: Reporting of laboratory-confirmed cases of Influenza

Including revised Rapid Influenza Diagnostic Testing Report Form

As of February 2003, influenza cases confirmed by laboratory tests (either by culture, polymerase chain reaction (PCR), or rapid tests) are required to be reported to the Massachusetts Department of Public Health (MDPH). In order to streamline reporting and allow for timelier notification, MDPH has implemented a system for reporting cases of influenza detected by rapid methods, culture, and PCR.

Our expectations of the system are that it will provide us with the capacity to:

- Determine when and where influenza is circulating
- Identify what type of influenza viruses are circulating
- Track influenza-related deaths
- Measure the impact influenza is having on hospitalizations and deaths in Massachusetts

It is estimated that Massachusetts has approximately 4,600 excess hospitalizations and over 800 deaths due to influenza each year. This is the fourth year the Rapid Influenza Diagnostic Testing Report Form will be in use and it has been modified slightly to reduce barriers and mistakes in reporting and therefore, improve surveillance efforts. It will continue to provide us with baseline data regarding the burden and trends of influenza disease in our state. Please see below for the two methods for reporting positive influenza laboratory tests.

1. *Rapid Influenza Diagnostic Testing Report Form* has been revised to make reporting easier. It is a one-page, line list reporting form that captures several essential variables: age, patient's zip code, type of influenza, peak weeks, and the zip code and the phone number of the provider who is ordering the testing. The form is **no** longer pre-populated with the provider

information; the correct provider information will be directly entered by the reporter. Please be sure to include this information in the spaces provided (and please use the <u>main</u> telephone number for the practice rather than extensions). To facilitate reporting, we are asking health care providers, local boards of health, and infection control staff to complete the Rapid Influenza Diagnostic Testing Report form on a weekly basis and fax it to the Office of Integrated Surveillance and Informatics Services (ISIS) at (617) 983-6220. (A copy of the double-sided reporting form including instructions, is enclosed- **please make additional copies for future use.**). Please begin using it immediately for all cases of influenza that are positive by a rapid laboratory test. Examples of some of the more common rapid influenza tests that should be reported using this form include:

- Directigen Flu A and Directigen Flu A+B (Becton-Dickinson)
- FLU OIA and FLU OIA A/B (Thermo Electron)
- XPECT Flu A&B (Remel)
- NOW Influenza A&B (Binax)
- QuickVue Influenza Test and Quick Vue Influenza A+B Test (Quidel)
- SAS Influenza A Test and SAS Influenza B Test
- Zstatflu (ZymeTx)
- 2. **Results of Influenza viral cultures, RT-PCR, or fluorescent antibody tests** should be faxed in your routine laboratory report format to ISIS at (617) 983-6813 (Please note: this is a different fax number than the number designated for reporting results of rapid influenza diagnostic testing.)

In addition to the weekly reporting of influenza diagnostic testing results, please continue to report the following significant cases and high-risk situations immediately by telephone to both the local board of health and MDPH (617-983-6800):

- All deaths related to influenza, in children < 18 years of age and pregnant women
- Unusually severe cases of influenza
- Any confirmed or suspect cases of influenza with encephalopathy
- Clusters of influenza-like illness in children, pregnant women or adults
- Any lab-confirmed case (s) or cluster of influenza-like illness in long-term care facilities or other high-risk institutional settings
- Suspect avian influenza cases
- Cases/isolates demonstrating antiviral resistance

Please share this information with appropriate staff within your facility. If you have any questions or concerns, please feel free to contact an immunization epidemiologist at MDPH at (617) 983-6800, and for reporting questions, please contact ISIS at (617) 983-6801.

We appreciate your continued cooperation and assistance in collecting this information.